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Country programme document

Kingdom of Swaziland

Summary

The country programme document (CPD) for the Kingdom of Swaziland is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $6,075,000 from regular resources, subject to the availability of funds, and $13,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. The Kingdom of Swaziland is a small landlocked country with a population of 1.25 million, of whom over 48 per cent are under the age of 18 years. A gross national income of $2,930 per capita places the country in the lower-middle-income category, although, at 2.8 per cent[1] in 2013, the economic growth rate is among the lowest in the region. Slow growth is attributed mainly to limited investment inflows and high dependence on a small number of export commodities.

2. Despite its middle-income status, Swaziland continues to be characterized by high levels of inequality, further exacerbated by the high burden of HIV and AIDS, which also impacts child survival and development. While poverty levels decreased slightly between 2007 and 2010, from 69 to 63 per cent, they continue to remain high. Seventy per cent of children live in poverty, rising to 80 per cent for children who have lost both parents.[2]

3. Swaziland is on track to achieve Millennium Development Goals 3 (promote gender equality and empower women) and 6 (combat HIV and AIDS, malaria and other diseases).[3] However, faster progress is required for Goals 1 (eradicate extreme poverty and hunger), 2 (achieve universal primary education), 4 (reduce child mortality), 5 (improve maternal health) and 7 (ensure environmental sustainability).[4] Under-five mortality is high at 67 deaths per 1,000 live births,[5] as is maternal mortality at 593 deaths per 100,000 live births.[6] Three quarters of under-five deaths occur during the first year of life, and babies who survive at least one month account for three quarters of those in turn. The leading causes of under-five mortality are neonatal deaths (30 per cent), HIV and AIDS (15 per cent), pneumonia (14 per cent), diarrhoea (7 per cent) and injuries (4 per cent).[7] While some progress has been made on birth registration, rates remain low at 50 per cent.

4. In Swaziland, 75 per cent of children aged 12-23 months are reported to be fully immunized. The country has successfully introduced new vaccines to further contribute to the reduction of vaccine-preventable diseases. Good results are reported in the areas of antenatal care (76 per cent of pregnant women attend four antenatal visits) and skilled birth attendance (88 per cent), as well as in eliminating new HIV infections in children, with only 2 per cent of infants age 6-8 weeks living with HIV. However, the estimated rate of vertical transmission at 18 months of age is still high at 11 per cent. This is aggravated by weak postnatal identification and follow-up of mothers living with HIV and their HIV-exposed infants.

5. HIV and AIDS continues to remain the most pressing challenge facing Swaziland. The country has the highest rate of HIV prevalence in the world, with 26 per cent of 15-49-year-olds, or an estimated 190,000 people, living with HIV.[8,9]The rate is 31 per cent for women and 20 per cent for men. Overall, HIV

[1] http://www.worldbank.org/en/country/swaziland/overview.
[2] Multiple Indicator Cluster Survey (MICS) 2010.
[3] Draft United Nations country synthesis report, October 2014.
[4] Ibid.
[5] Multiple Indicator Cluster Survey (MICS) 2014.
[6] Demographic and Housing Survey, 2012.
[7] Inter-agency Group for Child Mortality Estimation, 2012.
[8] Swaziland Demographic and Health Survey (DHS), 2006-2007.
[9] UNAIDS currently estimates that over 190,000 people are living with HIV.

incidence has fallen by half between 2010 and 2015, from 4.6 to 2.3 per cent. High-risk population groups for new infections include women aged 18-19 years (incidence of 3.8 per cent), 20-24 years (4.2 per cent), women aged 35-39 years (4.1 per cent), and men aged 30-34 years (3.1 per cent).[10] There is a high incidence of tuberculosis linked to HIV, resulting in a co-epidemic affecting 1,287 per 100,000 people.[11] In children, tuberculosis and HIV co-infection drastically increases the risk of mortality.[12]

6. A consequence of the HIV epidemic is the extremely high number of children living without appropriate family care. Approximately 45 per cent of children fall into this category, 24 per cent having lost one and 5 per cent both parents.[13] While social protection spending accounts for 2.2 per cent of gross domestic product,[14] the system could benefit from better targeting, more comprehensive services and protection mechanisms and greater support to overcome child poverty and vulnerability.[15]

7. Chronic undernutrition remains a significant problem. The prevalence of stunting is 26 per cent in children under the age of 5 years, higher in rural (27 per cent) and specific geographic areas (27 per cent in Shiselweni and Lubombo regions). Forty-five per cent of women aged 15-49 years and 42 per cent of children aged 6-59 months have anaemia.[16] Major causes of poor nutrition include low rates of exclusive breastfeeding among infants aged 0-6 months (64 per cent), inadequate complementary feeding practices, low consumption of vitamin A, insufficient access to a variety of foods rich in other micronutrients, poor sanitation and hygiene and high disease prevalence. The negative lifelong effects and financial burden of stunting are significant. One illustration is higher rates of class repetition among stunted children, at 18.9 per cent compared with 14 per cent for children who are not stunted, at an additional cost of approximately $600,000 per year.[17] Overall, stunting is estimated to have cost Swaziland $25 million in lost economic productivity.

8. Swaziland has made significant progress in broadening access to primary education (grades 1-7) with a net enrolment rate of 96 per cent in 2012 (97 per cent for boys and 95.2 per cent for girls).[18] The repetition rate remains high at 16 per cent, affecting more boys than girls. At 76 per cent, the survival rate in primary school remains relatively low. Net enrolment at secondary level is extremely low at 27 per cent, coupled with a low retention rate, especially for boys.[19] Contributing factors include the cost of lower secondary school education, demand-side barriers including pressure for children to perform household chores instead of attending

[10] Swaziland Incidence Measurement Survey Study, 2011.

[11] World Bank, http://www.tradingeconomics.com/swaziland/incidence-of-tuberculosis-per-100-000-people-wb-data.html.

[12] Co-infection of tuberculosis and HIV in children carries a long-term mortality at 32 months that is 2-10 times higher than for tuberculosis alone. Dick J, Mbewe A et al.

[13] MICS 2010.

[14] Draft United Nations country synthesis report, October 2014.

[15] UNICEF situation analysis, 2013.

[16] According to the Micronutrient Initiative (2009), around 24 per cent of pregnant women and 45 per cent of women in general had anaemia (Hb<110 g/L). The 2006-2007 DHS reports 42 per cent of boys and girls age 6-59 months having some degree of anaemia. The Swaziland MICS report estimates that one fifth of perinatal mortality and one tenth of maternal mortality can be attributed to iron-deficiency anaemia.

[17] National Children's Coordination Unit, 2013.

[18] Australian Council for Educational Research.

[19] Ibid.

school, adolescent pregnancy and violence in and around schools. The quality of education also remains a concern, with challenges including a shortage of qualified teachers, weak governance systems and the lack of basic resources such as water, sanitation and hygiene (WASH) supplies and facilities in some schools. The education system would also benefit from programmes focusing on empowering children with life skills.

9. Early childhood development (ECD) is just beginning to be acknowledged as a critical contribution to building the country's social capital. Bottlenecks include a lack of integrated ECD policies and limited awareness among parents of the importance of the early years and insufficient skills to support the development of young children, all the more so for children with disabilities. Only 33 per cent of children aged 3-6 years are enrolled in preschool and there are significant rural-urban, geographical and wealth disparities in access; enrolment is 50 per cent for children from the wealthiest households, and only 21 per cent for children from the poorest households.[20]

10. Physical, sexual and/or emotional violence against children and adolescents continues to be a major problem, especially in the home. Approximately one in three females report experiencing sexual violence as a child, nearly one in four were exposed to physical violence and 3 in 10 experienced some form of emotional abuse.[21] A vast majority (89 per cent) of children aged 2-14 years reported having experienced at least one form of physical punishment at home.[22] While the national legislative framework is largely aligned with international human rights standards, more remains to be done to protect children, including the implementation of the Sexual Offences and Domestic Violence Bill. The Bill calls for adjustments in the allocation of resources, standards for services, professional training and the care and referral system, and accountability mechanisms for child protection. The One Stop Centre, located only in the capital city, offers a model of comprehensive response for violence survivors which should be scaled up across the country to increase the coverage of health, protection and counselling services for children and women.

11. Inadequate WASH practices affect family health and nutrition; poor results in this area contribute to about a quarter of under-five deaths. Some 40 per cent of children have been identified as being deprived of access to safe water and 20 per cent to adequate sanitation. The situation is further complicated by significant inequalities: 90 per cent of people in the wealthiest quintile have access to an improved water source, against 10 per cent for the poorest. Similarly, the corresponding estimates are 91 per cent for the urban population and 60 per cent for the rural. Access to adequate sanitation stands at 78 per cent, with 15 per cent of the population practising open defecation, a rate which is higher in rural areas (20 per cent).[23]

12. The National Disaster Management Authority develops and regularly updates plans and uses early warning systems to improve forecasting and safeguard against disasters. Threats include droughts, floods, wildfires, windstorms, hailstorms and disease outbreaks. The wide income disparities, high rates of youth unemployment,

[20] MICS 2010.
[21] A national study on violence against children and young women in Swaziland, 2007.
[22] MICS 2010.
[23] MICS 2010 and UNICEF situation analysis, 2013.

expanding peri-urban populations and limited access to economic opportunities are cause for concern.

13. The following lessons learned from the previous country programme contributed to the design of this country programme:

(a) The reclassification of Swaziland from the low- to the middle-income category has resulted in withdrawal of some traditional bilateral and multilateral partners, resulting in decreased inflows of development aid to the country. As a result, UNICEF and partners will need to adopt strategic and innovative approaches to mobilize and leverage resources for children and review the effectiveness of current allocations;

(b) Despite high coverage of basic social services in areas such as health, HIV and education, progress has not been sufficiently rapid in the areas of reducing mortality, HIV incidence, stunting and increasing educational attainment. This suggests that the quality and effectiveness of services should be areas of focus.

14. The limited availability of quality, timely and disaggregated data is a challenge, limiting effective planning, monitoring and budgeting for children as well as advocacy and leveraging efforts. UNICEF will focus on supporting national monitoring and evaluation systems including household surveys, studies, assessments and gap analyses to generate timely evidence to inform policy and programming decisions.

Programme priorities and partnerships

15. The Government of Swaziland and the United Nations country team agreed to adopt the Delivering as One modality in Swaziland in 2014. The country programme will contribute to the first, second and third pillars of the United Nations Development Assistance Framework (UNDAF) 2016-2020. The overall goal of the country programme is to contribute to national efforts to enable children, adolescents and women to realize their rights by progressively reducing disparities and inequities. To achieve this goal, the country programme will employ a mix of strategies, including:

(a) *Policy dialogue and advocacy* to strengthen legislative frameworks and policies and leverage resources for delivery of results for children;

(b) *Capacity development* for policy implementation, delivery of quality services and creation of demand for services;

(c) *Evidence generation*, including information management, and reporting to ensure that evidence is used to improve policies, programmes and accountability;

(d) *Innovation, South-South cooperation and communication for development* will be used to complement the other strategies, and enhance social accountability for children's rights, including empowering communities to demand services and promoting positive behaviours.

16. The country programme will comprise three components: (a) young child survival and development; (b) adolescent protection, learning and development; and (c) programme effectiveness. HIV programming will be at the heart of the country programme, as will ensuring an equity focus across all interventions, so that all

children have access to quality and inclusive services. Disaster risk reduction, including preparedness and response, will be mainstreamed in the programme components.

Programme component 1. Young child survival and development

17. This component will aim for the following outcome: by end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school. The programme will focus on strengthening national capacities to provide an essential package of high-impact HIV-sensitive integrated maternal, newborn and child health (MNCH) services to ensure healthy growth and development, particularly during a child's first 1,000 days of life.

18. In the area of MNCH, the programme will support strengthening the enabling environment to address priority issues including monitoring the implementation of standards, adoption of positive health practices and improved community outreach to hard-to-reach populations. The focus areas include:

(a) Strengthening application of standardized emergency obstetric and newborn care;

(b) Working with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and partners to support capacity strengthening in the area of eliminating new HIV infections in children and keeping mothers alive through the comprehensive four-pronged approach, with a particular focus on the provision of lifelong antiretroviral therapy to all pregnant women and lactating mothers living with HIV, and on paediatric HIV care and treatment, especially around bridging the gap between community-level care and health facilities;

(c) Improving full immunization coverage within the expanded programme on immunization and strengthening the cold chain to sustain the country's gains in lowering the incidence of vaccine-preventable diseases in children;

(d) Strengthening nutrition-specific and nutrition-sensitive interventions for children and mothers in coordination with other sectors, including scaling-up of the Baby-Friendly Hospital Initiative and appropriate infant and young child feeding practices;

(e) Promoting positive WASH practices and the community-led total sanitation model to eliminate open defecation;

(f) Strengthening national capacity to implement and monitor the National Strategic Plan on Civil Registration and Vital Statistics (CRVS) 2016-2020, which seeks to improve access and quality of birth registration services as part of the overall CRVS system.

19. In the area of ECD, the programme aims to increase access and coverage of integrated ECD services that meet national standards, especially for the most vulnerable children. This includes strengthening the capacities of the Government, parents and caregivers to provide appropriate early learning and nurturing approaches in formal and non-formal settings; and monitoring all ECD centres to ensure that they meet minimum standards on safety, care, nutrition and early stimulation, and integrate early learning and school readiness. The programme will also focus on strengthening the link between ECD referral systems and child health

and child protection services; and supporting families and caregivers to provide the best care and stimulation for young children.

20. To improve evidence generation, use and accountability, the programme will support strengthening the capacity of the health information management system (HMIS) to provide timely disaggregated data. The young child survival and development programme component will work in the framework of global and regional initiatives, including "A Promise Renewed", the Every Newborn Action Plan, the Scaling Up Nutrition (SUN) movement and the GAVI Alliance.

Programme component 2. Adolescent protection, learning and development

21. This component will aim for the following outcome: By the end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education. The focus will be on achieving results for adolescents through increased investment, better national coordination and the provision of services tailored to adolescents, particularly in the areas of protection against violence, education and quality learning outcomes, and HIV prevention, care and treatment.

22. Within the framework of the global UNICEF End Violence against Children campaign, the programme will support strengthening the enabling environment to prevent violence against children and adolescents, with a focus on national capacities to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and neglect of children. Implementation and awareness of the Children's Protection and Welfare Act and advocacy for enactment of the Sexual Offences and Domestic Violence Bill and its subsequent implementation will be prioritized. National guidelines for child protection systems including minimum standards for (residential) childcare facilities, referral mechanisms and case management of violence against children will be developed and implemented, and the capacity to identify, report and refer child rights violations and to ensure adequate provision of care for all vulnerable groups will be enhanced. Recognizing the limited coverage and quality of existing prevention and response services for violence against children, the programme will focus on making schools safe and protective for children through the implementation of the child-friendly schools initiative. The programme will also support the roll-out of the One Stop Centre model throughout the country and in all major hospitals, as well as testing and scaling up effective preventive interventions at community level. The programme will support the establishment of a toll-free child helpline to register cases of abuse and violence and provide effective referrals to support children and adolescents.

23. Within the area of education and quality learning, the programme will focus on redressing gaps in services for adolescents and the promotion of adolescent development, protection and citizenship. To promote timely transition between grades and improve retention in school, the programme will support better learning outcomes and teachers' capacities to implement child-friendly approaches in schools. UNICEF will continue to advocate for free basic education to support higher enrolment in lower secondary education. To strengthen evidence-based programming, planning and budgeting in the sector, UNICEF will support the education management information system for timely generation of data, and undertake relevant studies to better understand factors influencing out-of-school children and to support inclusion.

24. In the area of HIV prevention, care and treatment, the programme will seek to influence behavioural change among adolescents by mainstreaming HIV and AIDS education in primary and secondary schools, including through rolling out the recently developed comprehensive sexuality education and HIV curriculum in secondary schools, as well as programmatic approaches for life-skills education and sport for development. Support will be provided for the expansion of accessible HIV testing and counselling services targeting adolescents, with emphasis on HIV prevention, care and treatment. This part of the programme is part of global initiatives for the prevention of HIV and violence, including the "ALL IN! #End Adolescent AIDS" initiative.

Programme component 3. Programme effectiveness

25. This programme component supports programme delivery and managing for results and comprises: evidence generation and planning, monitoring and evaluation; social protection; and strategic communication, advocacy, resource mobilization and partnerships. This programme will be implemented in the following strategic areas.

26. Evidence generation and planning, monitoring and evaluation will support the country programme in monitoring results and targeting programmes to benefit the most excluded and disadvantaged children. In addition, child-centred research and evidence will be generated to inform policy decisions, and national capacities for generating timely, quality, disaggregated and gender-sensitive data will be strengthened.

27. In the area of social protection, UNICEF will advocate for targeted, equity-focused government social protection programmes to ensure that vulnerable children and adolescents have access to quality services. The social protection area will also focus on strengthening national and subnational capacities to deliver effective HIV-sensitive social protection programmes with linkages to key sectors such as health, education and child protection, resulting in a fully-budgeted national social protection programme, benefiting the most vulnerable children.

28. In the area of strategic communication, advocacy, resource mobilization and partnerships, UNICEF will nurture strategic partnerships to increase the momentum around child rights in Swaziland. New strategic alliances will be formed with the private and philanthropic sectors for development and innovation in specific programme areas. Cooperation with other middle-income countries in the region will continue to be prioritized, to generate and share knowledge and resources, mobilize resources and leverage support.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Young child survival and development	2 500	7 000	9 500
Adolescent protection, learning and development	3 000	5 000	8 000

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Programme effectiveness	575	1 700	2 275
Total	**6 075**	**13 700**	**19 775**

Programme and risk management

29. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

30. The country programme will be coordinated as part of the UNDAF, and will be implemented in cooperation with the Government of Swaziland, under the leadership of the Ministry of Economic Planning and Development and in collaboration with parastatal institutions, research institutions and universities.

31. UNICEF will monitor results through annual management plans, section work plans and internal annual and peer reviews with implementing partners to assess the key strategic, programmatic, operational and financial risks, and define appropriate risk control and mitigation measures. UNICEF will continue to monitor the effectiveness of governance and management systems, stewardship of financial resources and management of human resources. Management of the comprehensive harmonized approach to cash transfers will be strengthened as a way to mitigate risks in programme implementation.

32. With Swaziland a Delivering as One self-starter country, the Business Operations Strategy will be implemented to harmonize and reduce business operating costs. United Nations agencies will continue to share common premises and some common services, with security oversight provided by the United Nations Department of Safety and Security.

Monitoring and evaluation

33. Progress towards planned results will be monitored using the indicators contained in the results and resources framework (see annex), based on the UNDAF 2016-2020, the UNICEF Strategic Plan, 2014-2017 and the Eastern and Southern Africa regional management indicators. UNICEF will work with the Central Statistical Office and other relevant national institutions to effectively monitor progress towards national and international goals and to track inequities using timely and relevant data.

34. UNICEF will also work with partners to strengthen national monitoring and evaluation systems capacity to use data to monitor results by institutionalizing the concept of results-based management. Emphasis will be placed on improving programme performance monitoring, and creating feedback mechanisms contributing to systems strengthening through the mainstreaming of the UNICEF Monitoring Results for Equity System.

35. In coordination with the Government, UNICEF will conduct reviews of the country programme at mid- and end-term to determine programme impact. Periodic surveys, studies and research on key issues will be prioritized in the country programme. Additional research will be undertaken as needed to provide more in-depth analysis on key issues.

Annex

Results and resources framework

Government of the Kingdom of Swaziland — UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: All articles

National priorities: (related Millennium Development Goals, other internationally recognized goals, and/or national goals): All Millennium Development Goals and child-related sustainable development goals.

National Priorities: His Majesty's Government Programme of Action 2013-2018: *Vision 2022; Poverty Reduction Strategy and Action Plan (PRSAP); Swaziland National Development Strategy (NDS); extended National Strategic Framework on HIV (eNSF).*

UNDAF 2016-2020 outcomes involving UNICEF:

Outcome indicators measuring change that includes UNICEF contribution (UNDAF outcome indicators, copied verbatim from UNDAF)

Youth, women and vulnerable group's opportunity for employment, income generation and sustainable livelihoods increased by 2020.

- Percentage of children under 5 years stunted.
  Baseline (2014): 26% *Target* 20%

Children's and adolescents access to quality and inclusive education and retention in school increased by 2020.

- Percentage of children aged 36-59 months currently attending early childhood development and learning.
  Baseline (2014): 30% *Target*: 65%
- Lower secondary education (Net enrolment rate).
  Baseline (2012): 27% (female, 30%; male, 22%) *Target*: 80%
- Primary school survival rate.
  Baseline (2012): 76.4% (female, 78.3%; male, 73.7%) *Target*: 90%
- Repetition rate primary and lower secondary.
  Baseline (2012): 15.5% (female, 13.3%; male, 17.7%) *Target*: 9.5% (female, 9.25%; male 9.25%; female, 8.5%; male, 9.5%)

Families and communities' access to and uptake of quality health and nutrition services increased by 2020.

- Percentage of children aged 12-23 months vaccinated against childhood diseases.
  Baseline (2014): 75% *Target*: 95%
- Proportion of pregnancies with an antenatal visit in the first trimester.
  Baseline (2007): 26% *Target*: 50%
- Proportion of mothers and their babies receiving postnatal care within six weeks of delivery.
  Mother: Baseline (2014): 87% *Target*: 95%
- Percentage of children aged 0-6 months old exclusively breastfed.
  Baseline (2014): -64% *Target*: 80%

- Percentage of children aged 6-23 months receiving a minimum meal frequency of complementary foods.
  Baseline (2014): 81% *Target*: 90%
- Percentage of population practising open defecation.
  Baseline (2014): 10.7% *Target*: <1%

Youths' risky sexual behaviours reduced and citizens' uptake of HIV services increased by 2020.

- Percentage of young people aged 15-24 who report using a condom during first sex.
  Baseline (2010): female, 43%; male, 49% *Target*: female, 65%; male, 70%
- Percentage of adults and children currently receiving antiretroviral therapy (ART) among all adults and children living with HIV.
  Baseline (2013): 49.9% *Target*: 90%
- Mother-to-child HIV transmission rate at 18 months.
  Baseline (2013): 11% *Target*: <5%
- Teenage pregnancy rate.
  Baseline (2007): 25% *Target*: 7%

Related UNICEF Strategic Plan outcome(s): (from Strategic Plan 2014-2017)

1. **Health.** Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of health behaviours.
2. **HIV and AIDS.** Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents.
3. **Water, sanitation and hygiene.** Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices.
4. **Nutrition.** Improved and equitable use of nutritional support and improved nutrition and are practices.
5. **Education.** Improved learning outcomes and equitable and inclusive education.
6. **Child protection.** Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.
7. **Social inclusion.** Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

UNICEF Outcomes	Key Progress Indicators, Baselines and Targets	Means of Verification	Indicative Country Programme Outputs	Major Partners, Partnership Frameworks	Indicative resources by country programme outcome *(in thousands of US dollars)*		
					RR	**OR**	**Total**
1. YOUNG CHILD SURVIVAL AND DEVELOPMENT							
By end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school.	Percentage of children aged 12-23 months fully immunized. *Baseline (2014)*: 75% *Target*: 90% Percentage of children aged 0-6 months old exclusively breastfed. *Baseline (2014)*: 64% *Target*: 80% Percentage of children aged 6-23 months receiving a minimum acceptable diet of complementary foods. *Baseline (2014)*: 62% *Target*: 80% Percentage of population practising open defecation. *Baseline (2010)*: 15% *Target*: <1% Children born to mothers living with HIV who have acquired the virus through	Household surveys (DHS and MICS) Sector studies National budget	**Output 1.** Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved. **Output 2.** Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased. **Output 3.** Capacity of parents and caregivers to provide integrated quality ECD (early stimulation, learning, safety, care and nutrition) strengthened. **Output 4.** Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.	**Government** Ministry of Health; Deputy Prime Minister's Office; Ministry of Home Affairs; Ministry of Education and Training; Ministry of Economic Planning and Development **United Nations** UNAIDS WHO UNFPA UNESCO **Other** United States President's Emergency Plan for AIDS Relief (PEPFAR); Global Fund to Fight AIDS, Tuberculosis and Malaria;	2 500	7 000	9 500

	vertical transmission, at 18 months of age *Baseline (2013)*: 11% *Target*: <5% Birth registration rate *Baseline (2014)*: 54% *Target*: 80% Percentage of children under 5 years meeting relevant growth and developmental milestones (ECD index)* *Baseline (2014)*: 65% *Target (2020)*: 80% Percentage of children under age 5 years with two or more types of playthings that the child plays with: *Baseline*: 67% *Target*: 89% *(* ECD index is calculated as the percentage of children who are developmentally on track in at least three of four domains: literacy/numeracy; physical; and social/emotional and learning.)*			Civil society organizations (CSOs); Faith-based organizations (FBOs); Non-governmental organizations (NGOs); Academia; Media; Professional associations; Training institutes; Development partners **Partnership frameworks** *Committing to Child Survival: A Promise Renewed;* Scaling Up Nutrition (SUN); *Every Woman, Every Child* including the Every Newborn Action Plan; GAVI Alliance African Union Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics;			

2. ADOLESCENT PROTECTION, LEARNING AND DEVELOPMENT							
By end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education.	Percentage of girls aged less than 18 years who experienced sexual violence. *Baseline (2010)*: 33% *Target*: 15% Percentage of adolescents aged 15-19 tested for HIV. *Baseline (2010)*: 57% *Target*: 90% Number of adolescents living with HIV who have initiated ART. *Baseline (2013)*: 2,000 *Target*: 15,000 Percentage of adolescent girls aged 15-19 years who had sex with a non-cohabiting partner in the last 12 months and reported using a condom at the most recent sexual encounter. *Baseline (2010)*: 66% *Target*: 86% Percentage of adolescent girls and boys aged 15-19 years with comprehensive HIV knowledge. Girls: *Baseline (2010)*: 56% *Target*: 80%	Household surveys (DHS and MICS) Sector studies	**Output 1.** Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened. **Output 2.** Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups. **Output 3.** Safe and protective environments in schools improved. **Output 4.** Adolescents completion of quality education increased. **Output 5.** Life-skills interventions to prevent adolescent pregnancy strengthened. **Output 6.** HIV prevention, care and treatment services for adolescents strengthened. **Output 7.** Capacity of primary and secondary educational institutions to disseminate	**Government** Ministry of Health; Deputy Prime Minister's Office; Ministry of Justice and Constitutional Affairs; Ministry of Education and Training; Ministry of Economic Planning and Development; Royal Swaziland Police Service; **United Nations** UNAIDS WHO UNFPA UNESCO **Other** PEPFAR; Global Fund to Fight AIDS, Tuberculosis and Malaria; CSOs; FBOs; NGOs; Academia; Media; Professional associations; Training institutes; Development partners;	3 000	5 000	8 000

	Boys: *Baseline (2010)*: 52% *Target*: 75% Percentage of children of secondary school age who are out of school *Baseline*: TBD* *Target*: 5% (*Survey to be conducted this year to inform baseline)		comprehensive knowledge on HIV and AIDS strengthened. **Output 8.** Perceptions, attitudes and knowledge on key harmful social norms improved.	**Partnership frameworks** Government of Swaziland Extended National Strategic Framework for HIV and AIDS (eNSF); *All In!* to #EndAdolescentAIDS initiative; *DREAMS* Initiative; *End Violence Against Children* Campaign (#EndViolence);			

3. Programme effectiveness							
By end of 2020, evidence generation and advocacy for evidence-based policy decisions enhanced.	Percentage of evaluation recommendations implemented. Percentage of GDP allocated to social protection. *Baseline*: 2.2% *Target*: 3.5%	Central Statistical Office Sector reports National budget	**Output 1**. Quality disaggregated and gender-sensitive data for evidence-based decisions available. **Output 2.** National capacity to develop an HIV- and child-sensitive social protection policy framework and action plan strengthened.	**Government** Deputy Prime Minister's Office; Ministry of Home Affairs; Ministry of Education and Training; Central Statistics Office; Ministry of Economic Planning and Development; **United Nations** UNDP WFP UNFPA **Other** European Union; World Bank; CSOs; FBOs; NGOs; Academia; Media; Professional associations; Training institutes; Development partners.	600	1 700	2 300
Total resources					**6 100**	**13 700**	**19 800**